2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L99000007105 01-10-2005 90053 008 ****50.00 J.D.P. INVESTMENTS, LLC Principal Place of Business Mailing Address 50 SOUTH U.S. HIGHWAY ONE 50 SOUTH U.S. HIGHWAY ONE SUITE 206 SUITE 206 JUPITER, FL 33477 JUPITER, FL 33477 2. Principal Place of Business 3. Mailing Address 1000 01032005 Chg-LLC CR2E083 (10/03) 4. FÉI Number Applied For 65-0962600 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ADAMS, PAUL M Street Address (P.O. Box Number is Not Acceptable) 710 CLAREMORE DRIVE WEST PALM BEACH, FL 33401 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of edistered agent and title if applicable. (NOTE: Registered Agent signature regulared when reinstating) Filing Fee is \$50.00 Make check payable to Due by May 1, 2005 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE Delete TITLE Change ☐ Addition ADAMS, PAUL M NAME NAME STREET ADDRESS 710 CLAREMORE DRIVE STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33401 CITY-ST-ZIP **MGRM** TITLE ☐ Delete TITLE Change ☐ Addition COLLINS, JOHN STREET ADDRESS 18560 MISTY LAKE DR STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-7IP MGRM TITLE Delete TITLE MÉZZAPELLE, DAVID NAME NAME STREET ADDRESS 50 SOUTH US HIGHWAY ONE STE 206 STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33477 CITY-ST-ZIP ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OF PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

FILED

Jan 10, 2005 8:00 am

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